Department of Health and Human Services
Health and Environmental Testing Laboratory
47 Independence Drive
#12 State House Station
Augusta, ME 04330-0012
Phone: (207)287-2727 Fax: (207)287-6832
TTY: 1-800-606-0215
EPA ID: 2023ME02

I have read all test results
Kevin Theriault

Logged: 7/12/2023 4:58:54PM
Folder #: 2310851

Office Use Only:
Line Item
93829
Public

Released: 7/27/2023

THERIAULT, KEVIN
ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
FRENCHVILLE ME 04745

No. of Samples in Folder:(5)

2310851-01	TE4
2310851-02	TE4
2310851-03	TE4
2310851-04	TE4
2310851-05	TE4

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by the method listed, including preservation, preparation, and holding times, unless otherwise indicated.

Jennifer L. Jamison, Laboratory Director Stephanie Mathias, Quality Assurance Officer

If we can be of further assistance to you, please call us at 287-1716.
Approved by:

Mackenzie C. Lee, M.S.
Inorganic and Microbiology Supervisor

Edward J. Adams, Ph.D.
Organic and Environmental Metals Supervisor

Kimberly Buffum
Radiochemistry Supervisor

If you would like your results quicker, and this report was delivered in the mail, email Mackenzie Lee (mackenzie.lee@maine.gov) with the client name on file (normally your name), sample number from this report, client ID (if applicable), and the preferred email address where reports should be sent and we will update your profile for future reports.

Continued from Previous Page

Lab Sample#: *2310851-01* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-431 US ROUTE 1-FRENCHVILLE, ME-OFFI **Sample Date:** 07/10/2023 **Sample Time:** 08:05:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	0.019	mg/L		1.3	0.001			07/20/2023 17:51:43	I.M.
Lead	<0.5	ug/L		15	0.5			07/20/2023 17:51:43	I.M.

Lab Sample#: *2310851-02* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-431 US ROUTE 1-FRENCHVILLE, ME-EARI **Sample Date:** 07/10/2023 **Sample Time:** 08:10:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	0.0094	mg/L		1.3	0.001			07/20/2023 18:21:48	I.M.
Lead	<0.5	ug/L		15	0.5			07/20/2023 18:21:48	I.M.

Lab Sample#: *2310851-03* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-431 US ROUTE 1-FRENCHVILLE, ME-WAT **Sample Date:** 07/10/2023 **Sample Time:** 08:14:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	0.014	mg/L		1.3	0.001			07/20/2023 18:36:48	I.M.
Lead	<0.5	ug/L		15	0.5			07/20/2023 18:36:48	I.M.

Lab Sample#: *2310851-04* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-431 US ROUTE 1-FRENCHVILLE, ME-WAT **Sample Date:** 07/10/2023 **Sample Time:** 08:18:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	0.0070	mg/L		1.3	0.001			07/20/2023 18:41:49	I.M.
Lead	<0.5	ug/L		15	0.5			07/20/2023 18:41:49	I.M.

Lab Sample#: *2310851-05* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-431 US ROUTE 1-FRENCHVILLE, ME-LOW **Sample Date:** 07/10/2023 **Sample Time:** 08:00:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	0.025	mg/L		1.3	0.001			07/20/2023 18:51:51	I.M.
Lead	<0.5	ug/L		15	0.5			07/20/2023 18:51:51	I.M.

Continued from Previous Page

Units & Measurement

"**mg/L**" = Milligrams per liter; "**ug/L**" = Micrograms per Liter; "**mg/Kg**" = Milligrams per Kilogram;
"**ug/Kg**" = Micrograms per Kilogram; "**NTU**" = Nephelometric Turbidity Units; "**pCi/L**" = Picocuries per Liter;

The MCL, Maximum Contaminant Level is listed for comparing your results with recommended levels.
In the "**Qualifier**" column, **an " ** "** is placed to indicate any results that **exceed** this MCL.

If there are no " * " in the "Qualifier" column, your result is considered satisfactory for those tests.

All solid results are reported on a "**Dry Weight**" basis.
Blanks are analyzed, but sample results are not blank corrected.

RL-Reporting Limit is the lowest concentration which can be reliably reported on a routine basis.
"<" = Less than ">" = Greater than

MCL - Maximum Contaminant Level is the highest level allowed by EPA for public water supplies. Also used here as the maximum advisory limit set by the Maine Centers for Disease Control and Prevention.

Note: Results below the advisory limit, including < and J are considered satisfactory for that parameter.
Results are from the samples as received.

Disclaimer

Your report consists of the number of pages listed on the cover page. Any attachments after the last numbered page are for informational purposes only and are not part of the formal report.
The results in this report are for the submitted sample(s) only.
This report shall not be reproduced, except in full, without written permission from the Maine Health and Environmental Testing Laboratory.

Qualifiers Legend:

User selectable

Code	Description
*	> Secondary Limit
**	> MCL
~	Approximately
Ach	Above Calibration Curve
B	Blank Contamination
Fl	Fluoride result is between 2 and 4 ppm
Hi	
J	<RL>MDL
Lo	
Nan	Not Analyzed
Nc	Not Confirmed
Nt	NonTarget Compound
R	Rejected
Rec	Recovery
T	Temperature does not meet criteria
U	Undetected

♦ Please enclose a copy of this completed form with your sample bottles and other paperwork. Or you may FAX the form to the Drinking Water Program at (207) 287-4172.

JUL 11 2023 PM3:35

STATE OF MAINE DRINKING WATER PROGRAM USE ONLY

TEST RESULTS: (For DWP use only)

90th Percentile, Lead: _____ Note: EPA action level = 0.015 mg/L

90th Percentile, Copper: _____ Note: EPA action level = 1.3 mg/L

	Pass	Fail
Lead:	☒	☐
Copper:	☒	☐

LAB-PUB

ST JOHN VALLEY VOC/TECH CENTER
THERIAULT, KEVIN
431 US ROUTE 1
FRENCHVILLE, ME 04745

Number of Samples Required: 5

Compliance Period: 6/1/2023 to 9/30/2023

ME0093829

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 **2310851**
93529

Certification of Collection Methods

(Place a √ next to each applicable sentence. If the sentence is not applicable, write N/A)

I hereby certify that:

√ Each first draw tap sample for lead and copper is one liter in volume and was collected after allowing water to stand motionless in the plumbing system for ***at least six hours***.

____ Each first draw sample collected from a single-family residence has been collected from the cold water kitchen tap or bathroom sink tap.

√ Each first draw sample collected from a non-residential building has been collected at an interior tap from which water is typically drawn for consumption.

√ Each first draw sample collected during an annual or 3-year monitoring period has been collected in the months of **June, July, August, or September.**

____ Each resident who volunteered to collect tap water samples from his or her home has been instructed in the proper methods for collection of lead and copper samples. I do not challenge the accuracy of those sampling results. Material distributed to residents explaining the proper collection methods, and a list of the residents who performed sampling will be provided upon request by the Drinking Water Program.

Operator Certification

I certify that I have completed both pages of this document. I certify that the information on this form is accurate to the best of my knowledge.

Kevin Theriault (Signature) OP04402 (Operator Number) July 10, 2023 (Date)

Kevin Theriault (Printed Name) Drinking water System operator For very small water System (Title)

♦♦**NOTE: COMPLETE THE WORKSHEET ON THE SECOND PAGE OF THIS DOCUMENT**♦♦

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: JUL 11 2023 PM3:35
Initials: JN
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.0 °C

TE-4 CHAIN OF CUSTODY

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4

2310851-01
93829

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? ☐ YES ☒ NO

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: (207) 543-6606
EMAIL*: kevintheriault@msad33.org

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 7, 2023

TIME WATER LAST USED: ~~July 7, 2023~~ 3:00 ~~3:00~~ AM (PM)

DATE SAMPLE COLLECTED July 10, 2023

TIME SAMPLE COLLECTED 8:05 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
Office kitchenette sinks
431 US Route 1
(STREET ADDRESS)

Frenchville, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
(X) KITCHEN (F) Office kitchenette	( ) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
( ) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) (X) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 295 Foot	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: JUL 11 2023 PM 3:35
Initials: JW
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.1 °C

TE-4 CHAIN OF CUSTODY

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310851-02
93829

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: (207) 543-6606
EMAIL*: Kevin.theriault@msad33.org

NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 7, 2023

TIME WATER LAST USED ~~3:00~~ 3:00 AM (PM)

DATE SAMPLE COLLECTED July 10, 2023

TIME SAMPLE COLLECTED 8:10 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS: Early Childhood Classroom Lab kitchen sink
431 US Route 1
(STREET ADDRESS)

Frenchville, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
(X) KITCHEN (F)	( ) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
( ) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST) _____	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) (X) NONE (NO) ( ) PUBLIC WATER (PUB)
_____	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 295 Foot	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: JUL 11 2023 PM3:36
Initials: JV
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.0 °C

TE-4 CHAIN OF CUSTODY

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4 2310851-03
93829

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: (207) 543-6606
EMAIL*: Kevin.theriault@msad33.org

**** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.***

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 7, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED July 10, 2023

TIME SAMPLE COLLECTED 8:14 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS: Water Fountain outside of welding classroom
431 US Route 1
(STREET ADDRESS)

Frenchville, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	( ) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV)
	( ) CHARCOAL FIL (CF)
	(X) NONE (NO)
	( ) PUBLIC WATER (PUB)
	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE DEPTH 295 Foot	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: JUL 11 2023 PM3:36
Initials: [illegible]
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 21.0° °C

TE-4 CHAIN OF CUSTODY

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4

2310851-04
93829

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: (207) 543-6606
EMAIL*: Kevin theriault@msad33.org

NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 7, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED July 10, 2023

TIME SAMPLE COLLECTED 8:18 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
Water Fountain outside hallway of Carpentry
431 us Route 1
(STREET ADDRESS)

Frenchville, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	( ) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) (X) NONE (NO) ( ) PUBLIC WATER (PUB)
	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE DEPTH 295 Foot	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: JUL 11 2023 PM3:36
Initials: JW
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 21.0 °C

TE-4 CHAIN OF CUSTODY

ST JOHN VALLEY VOC/TECH CENTER
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4 2310851-05
93829

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: (207) 543-6606
EMAIL*: Kevin.theriault@msad33.org

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

Would you like your results sent via email? YES [ ] NO [X]

DATE WATER LAST USED: July 7, 2023

TIME WATER LAST USED 3:00 ~~3:00~~ AM (PM)

DATE SAMPLE COLLECTED July 10, 2023

TIME SAMPLE COLLECTED 8:00 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
Lower hallway Fountain
431 US route 1 ~~Frenchville, Maine~~
(STREET ADDRESS) ~~03745~~

Frenchville, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	( ) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN Lower Hallway Fountain	( ) IRON REMOVAL (IREM)
	( ) ULTRA VIOLET (UV)
( ) OTHER (DESCRIBE/LIST)	( ) CHARCOAL FIL (CF)
	(X) NONE (NO)
	( ) PUBLIC WATER (PUB)
	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE DEPTH 295 Foot	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

JUL 11 2023 PM3:35

Lead and Copper Collection Site Worksheet

Lab Sample Number	Date and Time Water Last Used	Date and Time Sample Collected	Sample Site Location	Tier (NTNC's do not need to provide Tiers)
D012345-001	1/1/2019, 10:50 pm	1/2/2019, 5:50 am	Example: 123 Water St, Anytown, ME - Copper pipes w/ lead solder installed 1984	1
-002			Example: Boy's bathroom, west wing, Hoosier building	
23/085-01-01	7/7/2023 3:00pm	7/10/2023 8:05Am	431 us Route 1 Frenchville me office kitchenette	4
23/0851-02-01	7/7/2023 3:00pm	7/10/2023 8:10Am	431 us Route 1 Frenchville, me early childhood classroom Lab kitchen sink	4
23/0851-03-01	7/7/2023 3:00pm	7/10/2023 8:14Am	431 us Route 1 Frenchville, me water Fountain outside of welding classroom	4
23/0851-04-01	7/7/2023 3:00pm	7/10/2023 8:18Am	431 us Route 1 Frenchville, me water Fountain outside hallway of Carpentry	4
23/0851-05-01	7/7/2023 3:00pm	7/10/2023 8:00Am	431 us Route 1 Frenchville, me Lower hallway Fountain(Drinking)	4

♦♦ ATTACH ADDITIONAL SHEETS AS NECESSARY ♦♦ FILL IN ALL COLUMNS FOR EACH SAMPLE COLLECTED ♦♦